

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017516
State File No.

FILED MAY 26 1959

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. _____ Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution). a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Craig</u>	
c. LENGTH OF STAY (In this place) <u>39 years</u>		d. STREET ADDRESS <u>0440</u> (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Craig, Mo.</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ira</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Dopp</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1959</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 5, 1890</u>	9. AGE (In years last birthday) <u>68</u>	10. IF UNDER 18: YEAR Months Days	11. IF UNDER 18: HOUR Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Veterinarian</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Veterinary Business</u>	11. BIRTHPLACE (State or foreign country) <u>Hannibal, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter L. Dopp</u>	13b. MOTHER'S MAIDEN NAME <u>Susan Lomas</u>	14. NAME OF HUSBAND OR WIFE <u>Allie Dopp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u> (If yes, give year or date of service) <u>World War I</u>	16. SOCIAL SECURITY <u>488-40-8847</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Dopp, Jr.</u> ADDRESS <u>Craig, Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes Mellitus</u>		<u>3 years</u>	
DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? <u>X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>260X</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1958, to May 18, 1959, that I last saw the deceased alive on May 17, 1959, and that death occurred at 5.00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Bruce McRae</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Mound City, Mo.</u>	23c. DATE SIGNED <u>5/18/59</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>5/20/59</u>	24c. NAME OF CEMETERY OR CREMATORY <u>D.O.O.F.</u>	24d. LOCATION (City, town, or county) (State) <u>Craig, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>5/20/1959</u>	REGISTRAR'S SIGNATURE <u>James Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wilbur L. Schooley</u> ADDRESS <u>Craig, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

6561 2 NOV

SEP 17 1959

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

myself

working under *my* personal supervision.

Student Embalmer No.

Signed

Wilber L. Schooler

Signed.....

Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.